

Name  
in  
Full

## CERTIFICATE OF DEATH

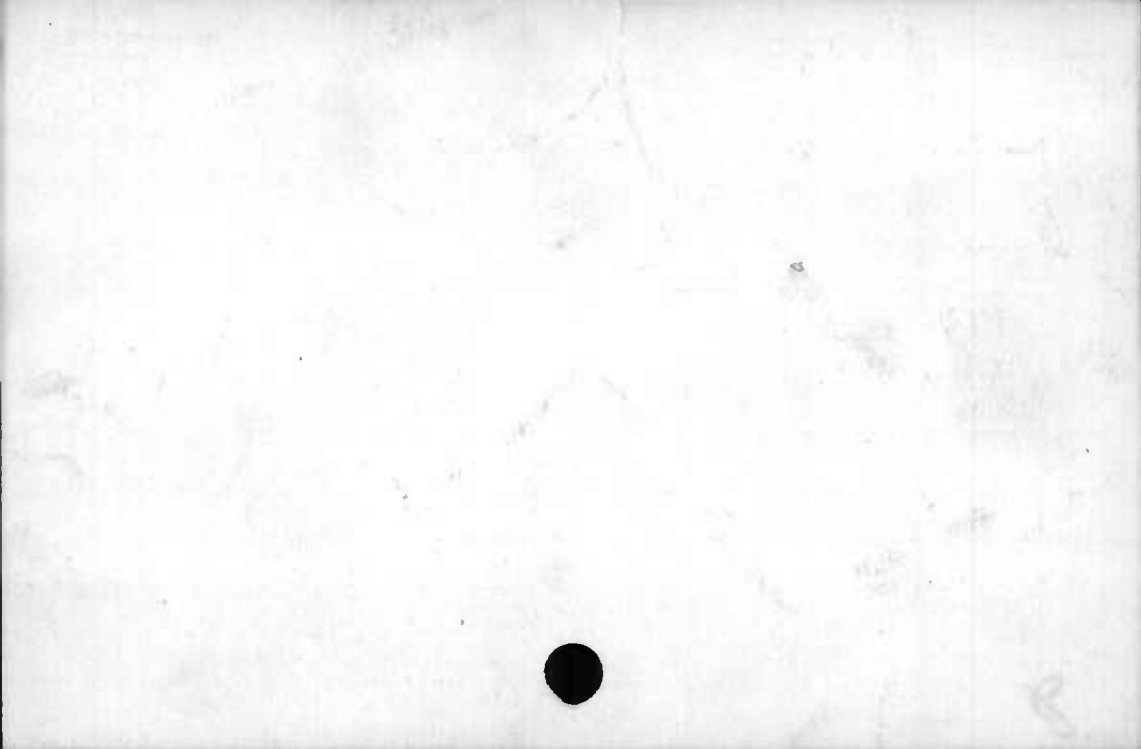
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sandy Bottom</i> <sup>Town</sup>		<i>Kent Co.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	<i>Nov.</i> <sup>Month</sup>	<i>3</i> <sup>Day</sup>	<i>—</i> <sup>Years</sup>	<i>8</i> <sup>Months</sup>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Kent Co.</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Abraham Cohen</i>			<i>Russia</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Rose Perison</i>			<i>Russia</i>		
Name of person giving information			How related to deceased		
<i>Abraham Cohen</i>			<i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Membranous Croup</i>	How long	<i>9 hours</i>
Immediate	<i>Exhaustion</i>	How long	<i>One hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Walter C. Selby M.D.</i>	
		Address	
		<i>Rock Hall, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Ida Isabelle Beech

## CERTIFICATE OF DEATH

Died at *Chesletown* Town*Kent* County

MARYLAND

Date

of death *1906*

Month

*11*

Day

*23*

Age

Years

*63*

Months

*2*

Days

*20*

Sex

*Female*Color or  
Race*White*Birth-  
place*Kent Co Md*

Occupation

*Housewife*Where Residing if not  
at place of death*Chesletown 2*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Wm S. Beech*Father's  
Name*Andrus Wesley Melvin*Father's  
Birthplace*7th & 1st Sts  
Pomeroy*Mother's  
Maiden Name*Susan Sweet*Mother's  
Birthplace*Kent Co Md*Name of person giving  
information*Harham W. Beech*How related  
to deceased*Brother*

## CAUSES OF DEATH

Primary

*Dementia*

How long

*13 years*

Immediate

*Chesletown, returned to home*

How long

*some weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*W Frank Lewis*

Address

*Chesletown**Md*Accident? *Yes*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Chester Cemetery  
John N. Wood

Undertaker

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

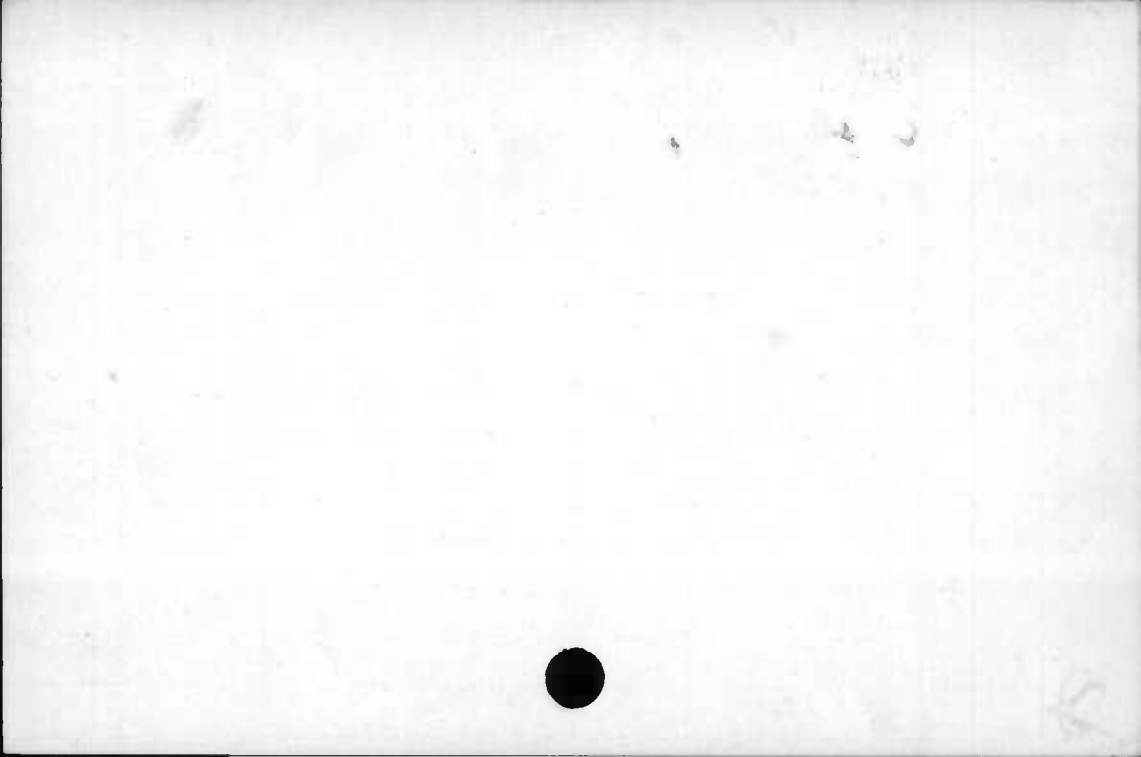
PHYSICIAN  
OR CORONER

Name <i>John Emory</i>		Town <i>Millington</i>		County <i>Kent</i>		STATE <b>MARYLAND</b>	
Died at <i>Millington</i>		Month <i>Nov</i>		Day <i>13</i>		Age <i>42</i>	
Date of death <i>1906</i>		Month <i>Nov</i>		Day <i>13</i>		Years <i>42</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Kent Co Md</i>			
Occupation <i>Farmer Laborer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or <del>Husband</del> <i>Martha Emory</i>					
Father's Name <i>Saml Emory</i>		Father's Birthplace <i>Frederick Co</i>					
Mother's Maiden Name <i>Melissa Bordley</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>Saml Emory</i>		How related to deceased <i>Brother</i>					
<b>CAUSES OF DEATH</b>							
Primary <i>Epileptic Convulsions</i>		How long <i>Half hour</i>					
Immediate <i>—</i>		How long <i>—</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>[Signature]</i>					
		Address <i>Millington Md.</i>					
Accident or Suicide? <i>—</i>							

*Nov. 16. 1906*  
*Wm. C. Townsend*  
*copy as correct*



Name in Full <i>Mary V. Fowler</i>		Town <i>Kent</i>		County <i>Kent</i>		CERTIFICATE OF DEATH	
Died at		Date of death <i>1906</i>		Month <i>11</i>		Day <i>17</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>3</i>		Years <i>3</i>	
Occupation <i>none</i>		Where Residing if not at place of death		Birth-place <i>Kent Co Md</i>		Months <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Kent Co Md</i>		Mother's Birthplace <i>Kent Co Md</i>	
Father's Name <i>Chas Fowler</i>		Mother's Maiden Name <i>Herman V. Cooper</i>		Name of person giving information <i>Chas Fowler</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH							
Primary <i>Primmia</i>		How long <i>4 days</i>		Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. C. H. L. A. M. D.</i>		Address <i>Westminster Md</i>			
Accident or Suicide?							





Name  
in  
Full

Etta Glaued

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Chestertown</i>		<sup>County</sup> <i>Kent</i>		MARYLAND	
Date of death	1906	Month	Nov	Day	21
Age		Years	14	Months	
Sex	Female	Color or Race	Col	Birth-place	Md
Occupation	Housegirl		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	Douglas Glaued			Father's Birthplace	Md
Mother's Maiden Name	Laura Jones			Mother's Birthplace	Md
Name of person giving information	Douglas Glaued			How related to deceased	Father

## CAUSES OF DEATH

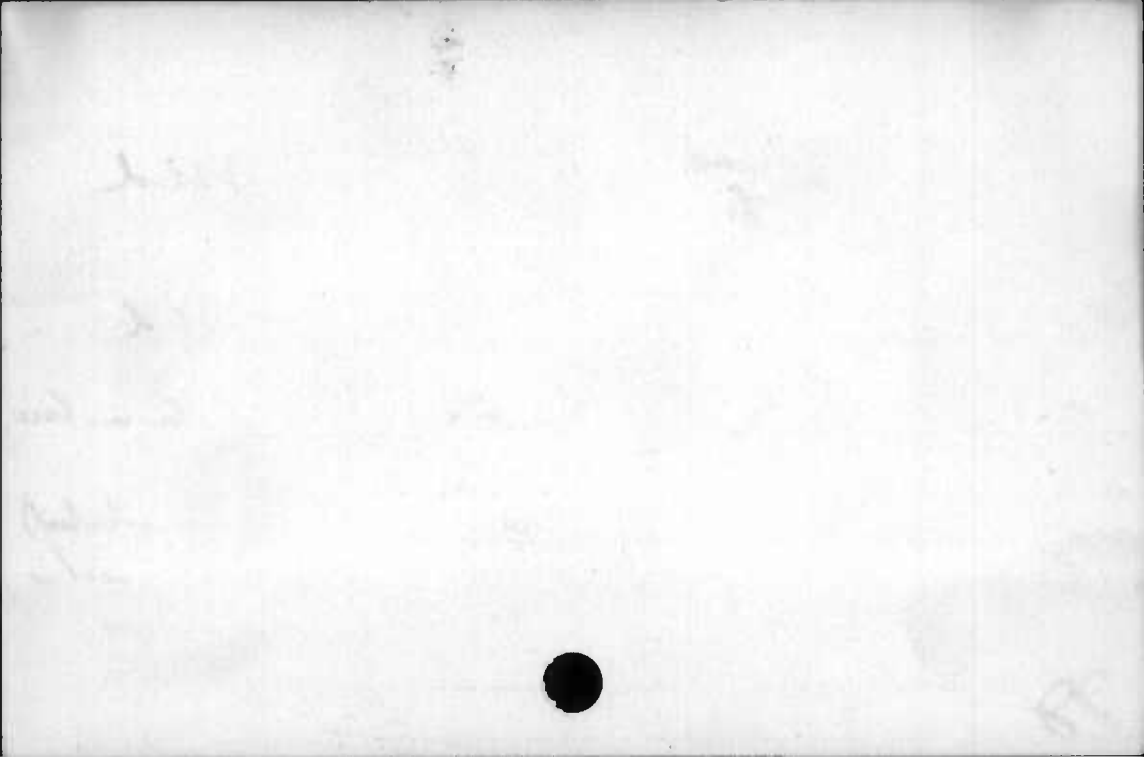
PHYSICIAN  
OR CORONER

Primary	<i>Acute miliary tuberculosis</i>	How long	
Immediate	<i>Exhaustion, coma</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>J. H. G. Impero</i>	
		Address	
		<i>Chestertown</i>	
Accident or Suicide?			
No			



R

Name in Full		Martha J Griffin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chester <sup>Town</sup> town		Kent <sup>County</sup>		MARYLAND	
	Date of death	1906	Month Nov	Day 14	Age 51 (about)	Years	Months Days
	Sex	Female		Color or Race	Col	Birth-place	Ind
	Occupation	Housewife		Where Residing if not at place of death —			
	Married, Single or Widowed	Widow		Name of Wife or Husband			
	Father's Name	Richard Thompson				Father's Birthplace	Ind
	Mother's Maiden Name	Martha (?)				Mother's Birthplace	
Name of person giving information	Mary L Thompson				How related to deceased	Sister-in-law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cirrhosis of Liver			How long	11/2 years (about)	
	Immediate	Asthma			How long	several weeks	
	Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician		
					Address		
					Chester town		
Accident or Suicide?		No					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Summerville</i>		Town <i>Summerville</i>		County <i>Levy</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>27</i>	Age <i>5</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Levy Co. Md</i>				
Occupation <i></i>			Where Residing if not at place of death <i>Summerville Md</i>				
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>				
Father's Name <i>Geo. Hackett</i>			Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Annie Bertha Brown</i>			Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Geo. Hackett</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Asphyxiation by mother accidentally laying</i>	How long <i>upon it while asleep</i>
Immediate <i>gas</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. Brown / Brown</i>
	Address <i>Summerville Md</i>
Accident or Suicide? <i></i>	

Chesterville.

Name  
in  
Full

Anne Stacy Haley


## CERTIFICATE OF DEATH

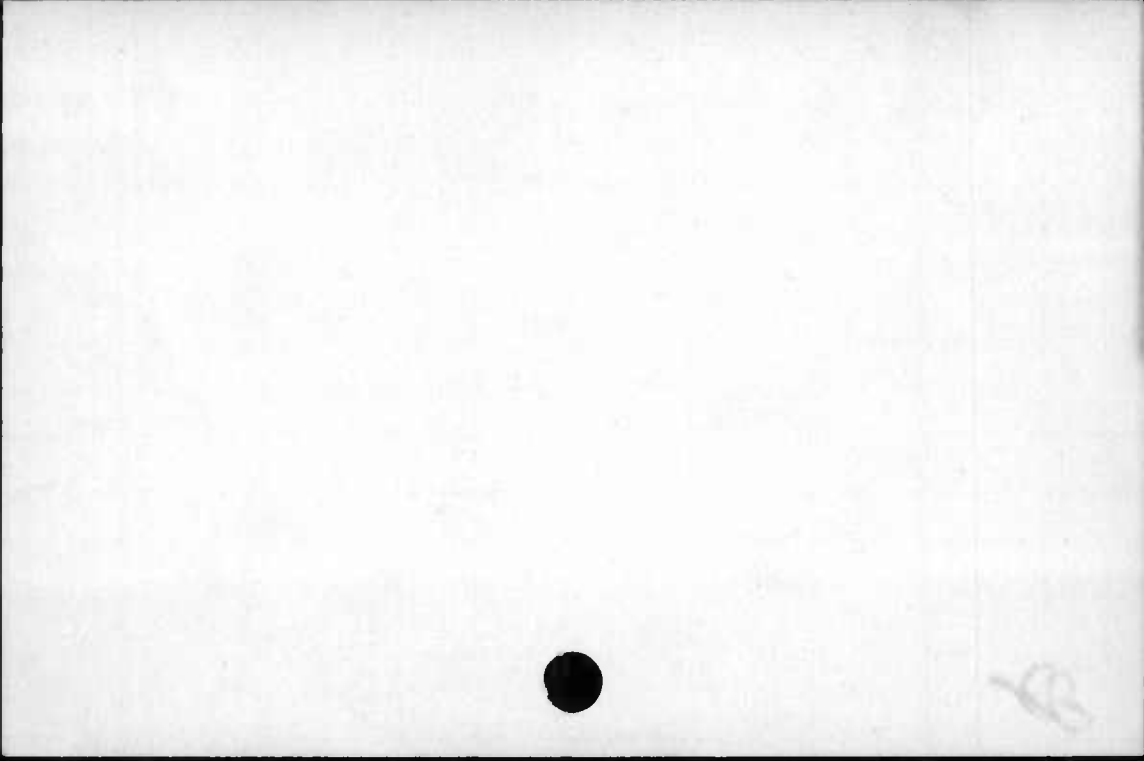
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Galena		County Kent		MARYLAND	
Date of death	1906	Month Nov	Day 5	Age Years	75	Months 5	Days
Sex	Female		Color or Race	White		Birth- place	Ireland
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Patrick Haley			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer of Face	How long	2 yrs
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	H M Jeter Mullington md		
Accident or Suicide?			





Name  
in  
Full

Mama Hicks

## CERTIFICATE OF DEATH

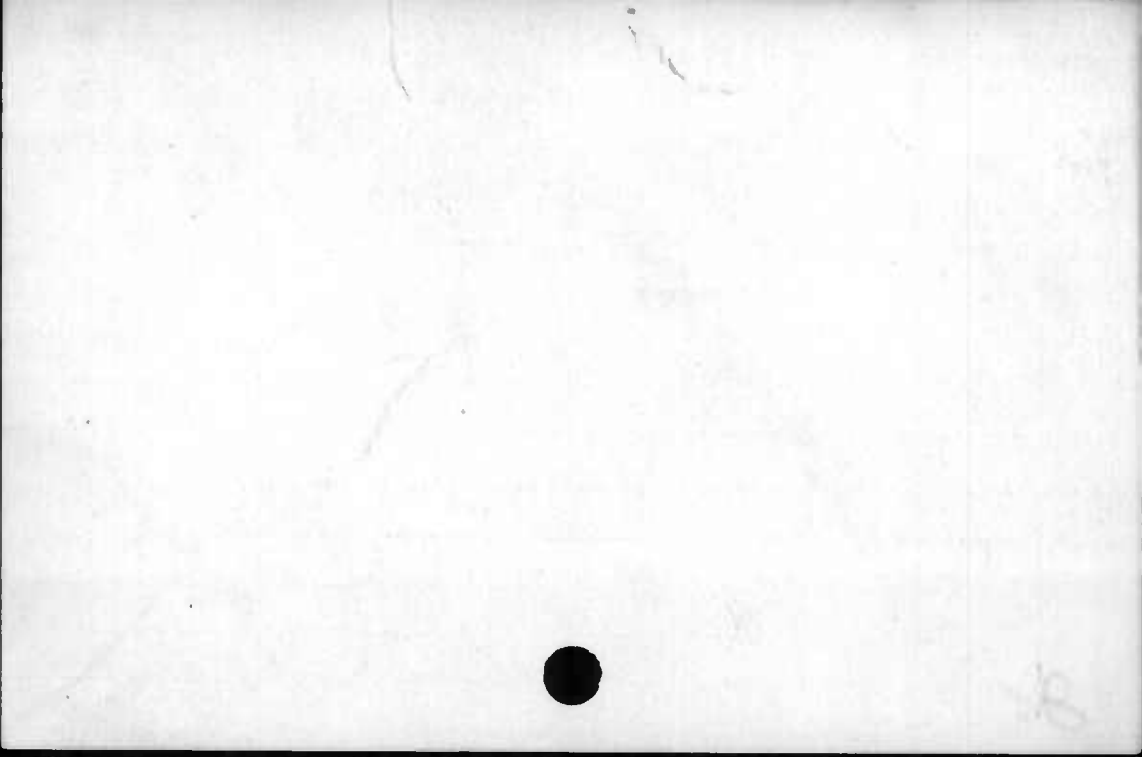
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Buttertown</i>		<sup>County</sup> <i>Kent</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>1</i>	Age <i>49</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband				
Father's Name <i>Wm. Bergen</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Anna Butler</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>John Hollins</i>	How related to deceased <i>Thome</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Immediate</i>
Immediate	How long <i>No Dr. Atten delay</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Simpson</i> See
	Address <i>Local Board of Health</i>
Accident or Suicide? <i>No</i>	<i>Chestertown</i>



Name  
in  
FullConnie Hubbard  
Rock Hall

## CERTIFICATE OF DEATH

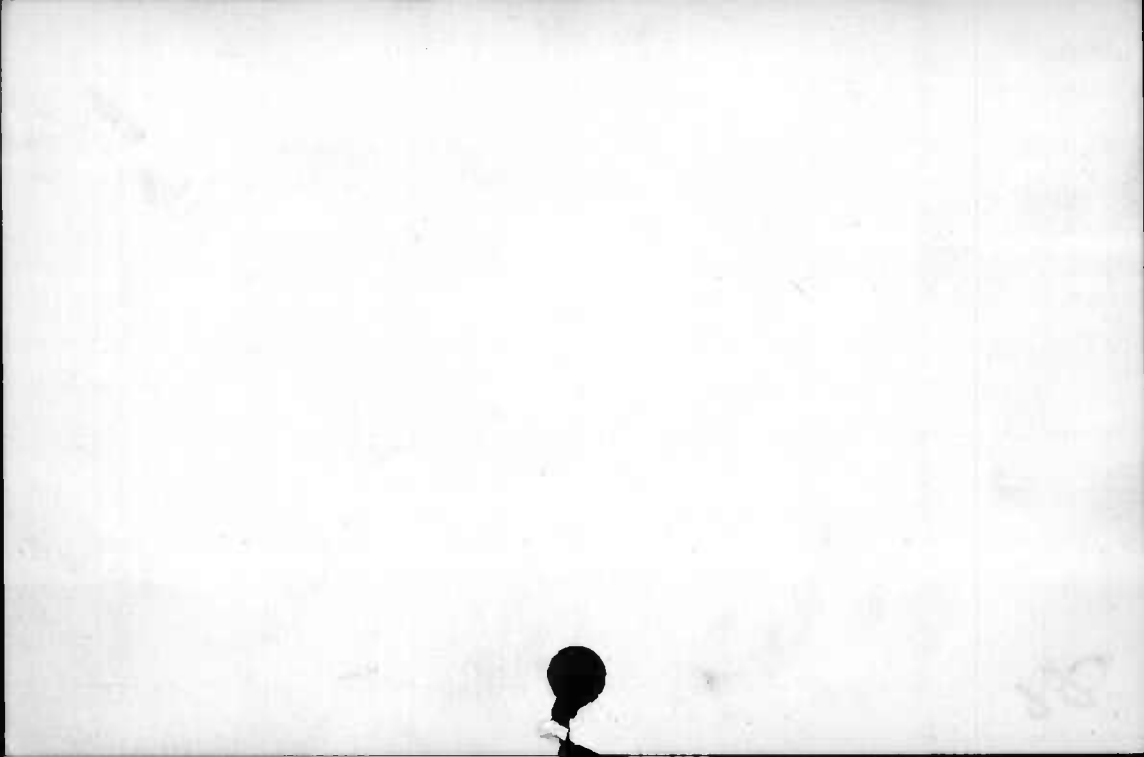
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND					
Date of death		1906	Month	Nov.	Day	31	Age	Years	Months	Days	
Sex		Female		Color or Race		White		Birthplace		Rock Hall, Md.	
Occupation				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name				Louisa Hubbard				Father's Birthplace			Hent Co.
Mother's Maiden Name				Carrie A. Sears				Mother's Birthplace			H. Kent Co.
Name of person giving information				Louisa Hubbard				How related to deceased			Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart-disease	How long	24 hours
Immediate	Exhaustion	How long	One hour
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Walter O. Kelly	
Address		Rock Hall, Md.	
Accident or Suicide?			



Name  
in  
Full

Nettie E. Hutchins.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Galto</i> Town		County <i>Kent</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>22</i>	Age <i>25</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Amman Creek Co. Md.</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel E. Hutchins</i>				
Father's Name <i>Alexander, Morgan,</i>	Father's Birthplace <i>Virginia</i>		Mother's Birthplace		
Mother's Maiden Name			How related to deceased		
Name of person giving information <i>Samuel E. Hutchins</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm Peter W.</i>
	Address <i>Millington. Md.</i>
Accident or Suicide?	



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

8

Name in Full *Redna Wilson*

CERTIFICATE OF DEATH

Died at *near* Town *Goth* County *Bent*

MARYLAND

Date of death *1906* Month *11* Day *13* Age *9* Years Months Days

Sex *female* Color or Race *Black* Birth-place *Ind*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Daniel Wilson* Father's Birthplace *Ind*

Mother's Maiden Name *Hattie Wilson* Mother's Birthplace *"*

Name of person giving information *Hattie Wilson* How related to deceased *mother*

CAUSES OF DEATH

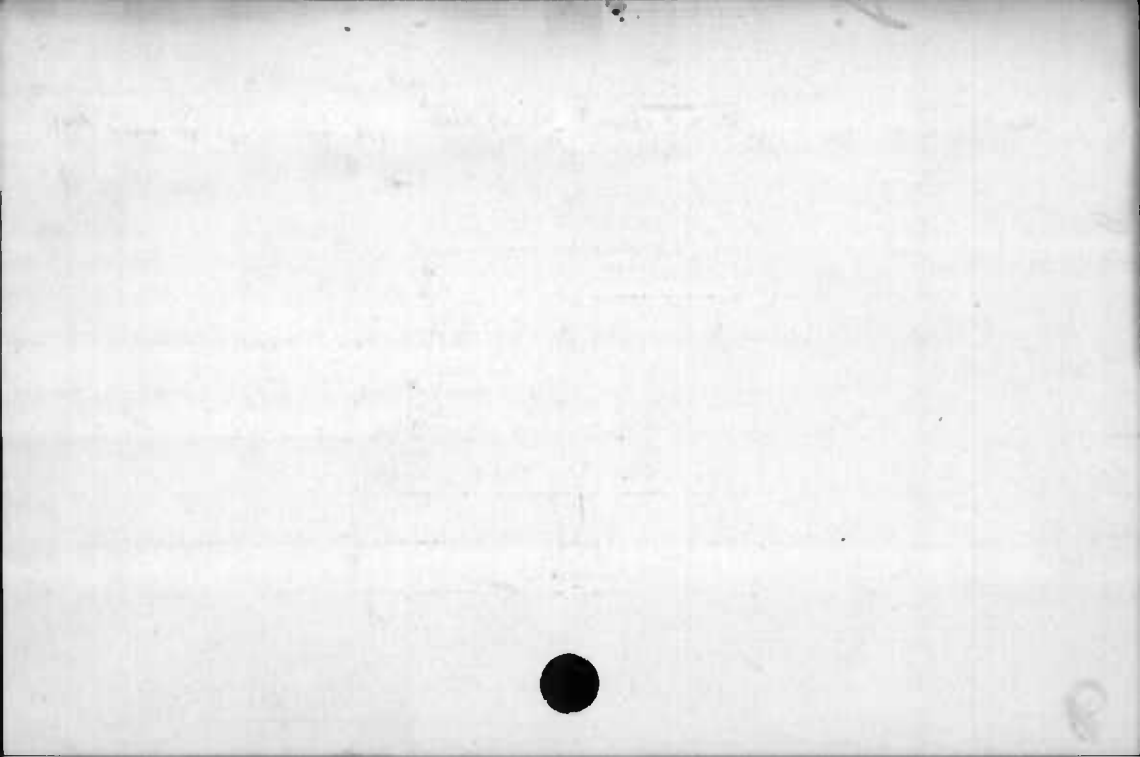
Primary *Tuberculosis meningitis* How long \_\_\_\_\_

Immediate \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr W. H. Jacob*  
Address *Millington, Md*

*Rev. C. Townsend* acting as coroner  
Accident or Suicide? *no*





Name  
in  
Full

Ethel A. Meekins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Worton</u> Town		County <u>Stent</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Nov.</u>	Day <u>8</u>	Age <u>—</u> Years	Months <u>11</u>	Days <u>9</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>U. S.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Lawrence A. Meekins</u>			Father's Birthplace <u>md.</u>		
Mother's Maiden Name <u>Minnie Wheat</u>			Mother's Birthplace <u>md.</u>		
Name of person giving information <u>Mr Meekins</u>			How related to deceased <u>father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Capillary Bronchitis</u>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>L. P. Atwell M.D.</u>
<u>yes</u>		Address	<u>Still Pond</u>
			<u>md.</u>
Accident or Suicide?			

Warton.

Name  
in  
Full

## CERTIFICATE OF DEATH

William Morris

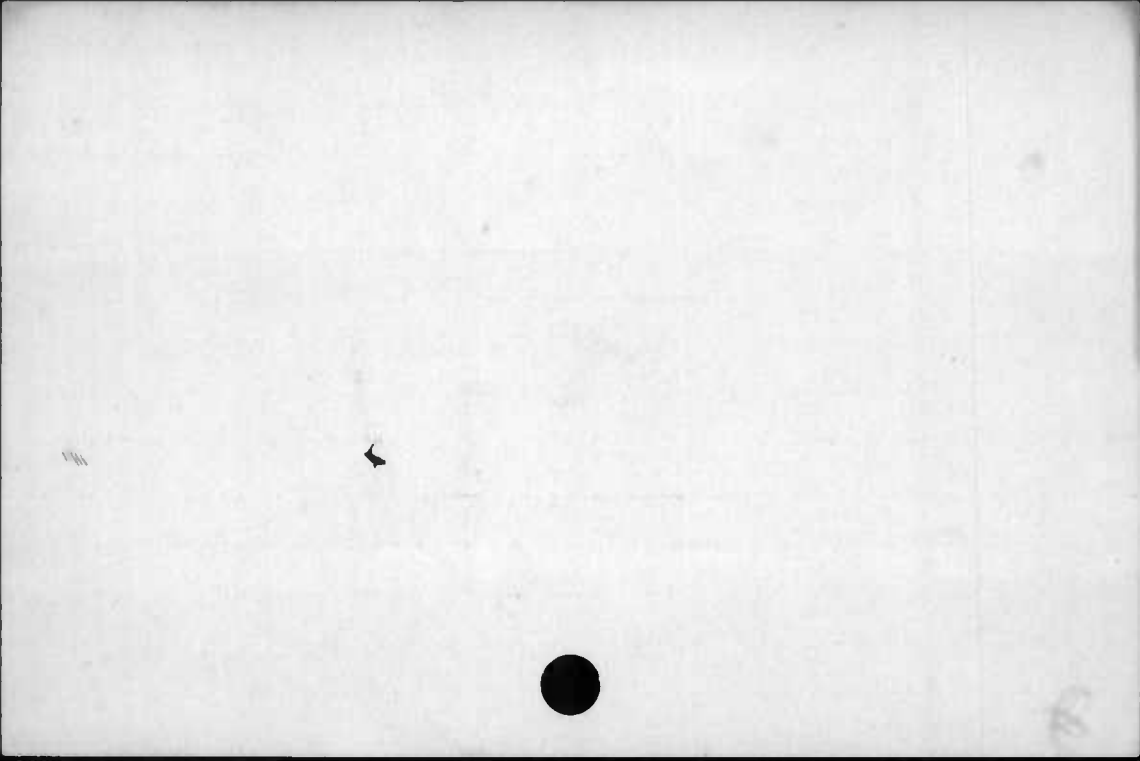
Died at *Chestertown* *Kent* County

MARYLAND

Date of death *1906* *Nov* *17* *Age* *73* *Month* *1* *Days* *29*Sex *Male* Color or Race *White* Birthplace *Queen Anne Co*Occupation *Retired farmer* Where Residing if not at place of death *Chestertown Md*Married, Single or Widowed *Married* Name of Wife or Husband *Mary Morris*Father's Name *Jesse Morris* Father's Birthplace *Maryland*Mother's Maiden Name *Mary Dough* Mother's Birthplace *Maryland*Name of person giving information *Walter T. Morris* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Paralysis* *66* How long *3 years*Immediate *Uraemia* How long *4 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *H. B. Simpson*Address *Chestertown, Md.*Accident or Suicide? *no*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Big Woods		Trent		Co		MARYLAND	
Date of death	1906	Month	Nov	Day	9	Age	Years
Sex		Color or Race		Birth-place		Days	
male		Black		Big Woods		one	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Isiah Oakley				Md			
Mother's Maiden Name				Mother's Birthplace			
Hester Wright				Md			
Name of person giving information				Had relative to deceased			
Isiah Oakley				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Shuntage from tubercles	How long	one day
Immediate	Exhaustion.	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		G L Darwick	
		Address	
		Trentville	
		Md	
Accident or Suicide?			

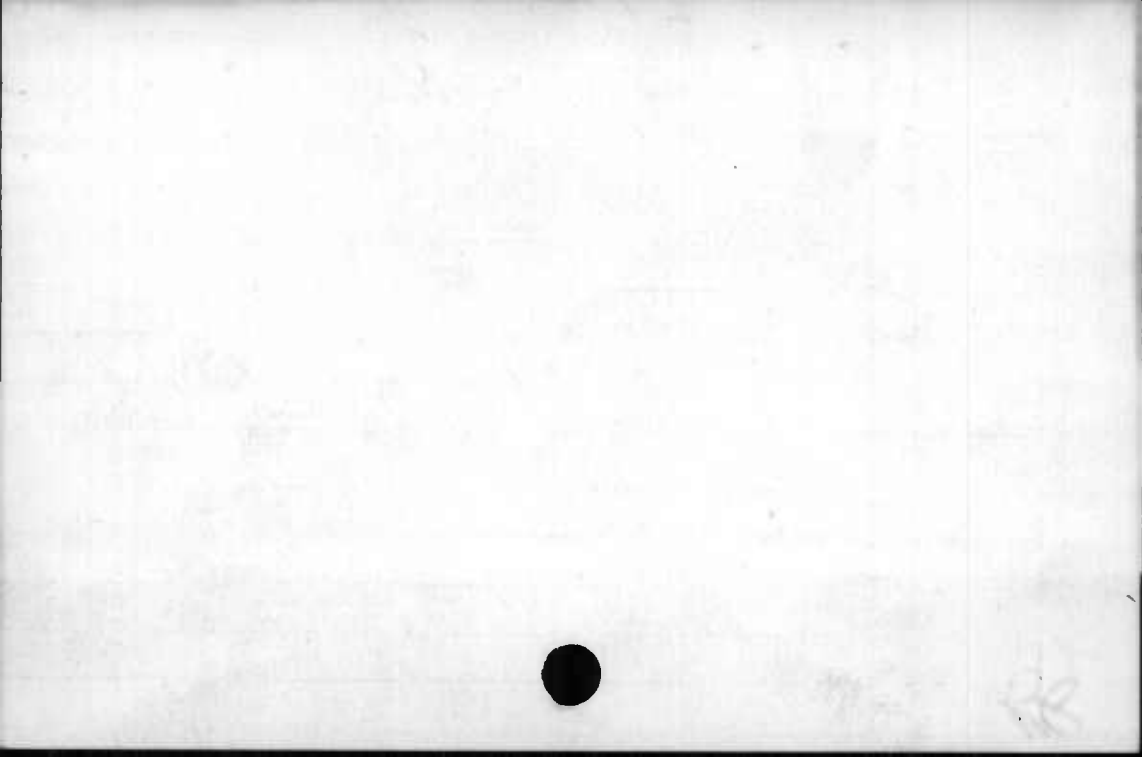
Fountani Church.



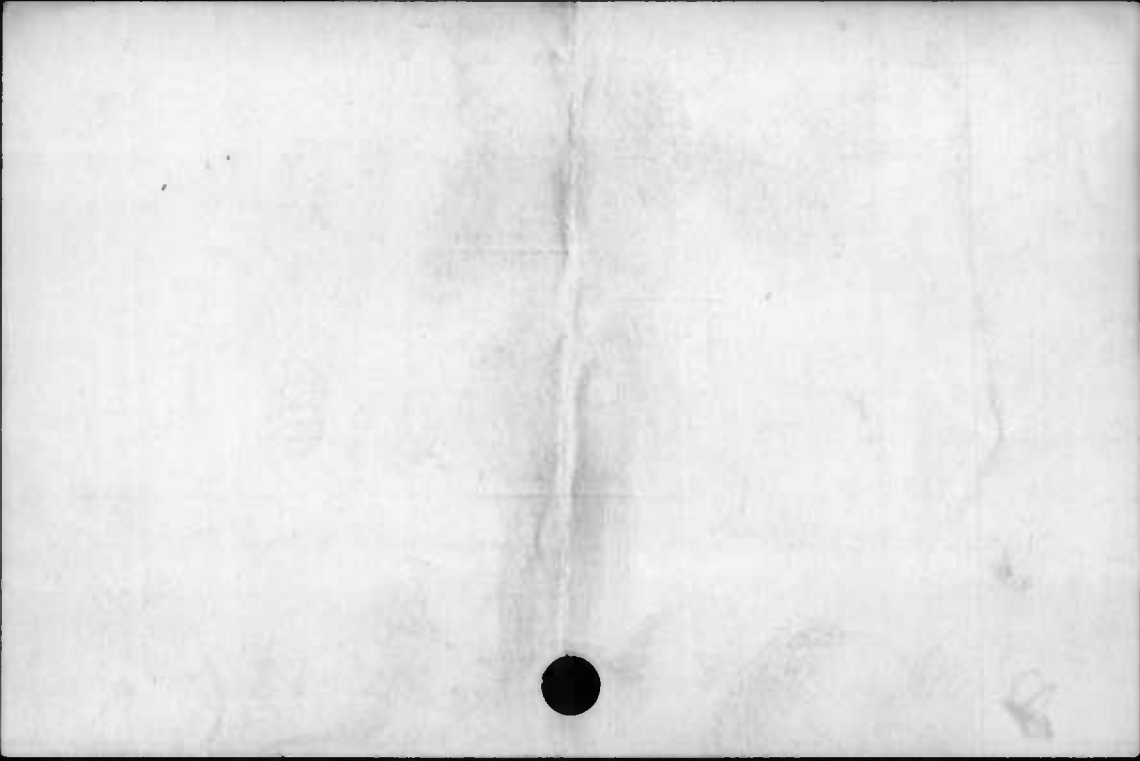
To be Burned on  
will. Plater the father



Name In Full		Melmond F Robinson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month	Day	Age	Years		Months
	Sex		Color or Race			Birth-place		
	Occupation					Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name					Father's Birthplace		
	Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary					How long		
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician		
						Address		
	Accident or Suicide?							



Name in Full		Lizzie Spencer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Galesburg		Kent		MARYLAND	
	Date of death	1906	Month 11	Day 29	Age 41	Months	Days
	Sex	Female		Color or Race	African		Birthplace
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	Benj. Anderson		Father's Birthplace			
	Mother's Maiden Name	Ann's Corser		Mother's Birthplace			
	Name of person giving information	husband		How related to deceased			
<div style="text-align: center;"> <b>CAUSES OF DEATH</b> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 40 </div> </div>							
PHYSICIAN OR CORONER	Primary	Cancer of Stomach				How long	about 18 years
	Immediate	insanitation & Exhaustion				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
				Galesburg Ind.			
<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> 2 </div>		Accident or Suicide?					



Name  
in  
Full

Georgia Irader

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Chestertown</i>		<sup>County</sup> <i>Kent</i>		MARYLAND	
Date of death	1906	Month	<i>Nov</i>	Day	<i>22</i>
Age	<i>35 (about)</i>		Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>Col</i>	Birth-place	<i>Va</i>
Occupation	<i>Book</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<i>Sarah Butler</i>			How related to deceased <i>Widow</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Epilepsy</i>	How long	<i>Since childhood</i>
Immediate	<i>Convulsions</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Robt. Moffet Cor.</i>
		Address	<i>Chestertown</i>
Accident or Suicide?	<i>No</i>		

